NEW UPDATES IN SPM

Based on Dr. Vivek Jain's PrepLadder Rapid Revision

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More than just notes...

Please Note:

- This is the *digital handwritten note* of **RECENT UPDATES IN PSM Based on Dr. Vivek Jain's PrepLadder Rapid Revision**
- **All the Slides/ Images/ Diagrams and Graphs discussed by lecturer is added**
- **All the questions discussed by the lecturer is added**
- Added Images from the web for better understanding

Please provide your valuable feedback and check our other notes in Telegram group - ***NOTESPAEDIA***

In case of any corrections required please contact admin in NOTESPAEDIA Telegram group.

HEALTH & DISEASES:

Human Development Index:

Goal post for HDI calculation

Dimension	Indicator	Min. Value	Max. Value
Health	• Life expectancy at birth/LE_0 (years)	20	85
Education	Education Index		
	↳ Mean years of schooling	0	15
	↳ Expected	0	18
Standard of Living	Real GNI per capita [2011 $ PPP]	100	75,000

HDI for India (2018)

Value = 0.64 & puts India in medium development category &
rank = 130

NORWAY MOST developed country, HDI = 0.95

Vaccines and Cold chain

Td Vaccine :-

- WHO (1998) ⟹ T.T replaced Td → 15-49y ♀, Adolescent, older children
- WHO/UNICEF (2018) ⟹ T.T replaced (aim) Td ⇒ By January 2020
- MOHFW, GOI (August 2018) ⇒ T.T Booster replaced Td → 10yr, 16yr, Pregnant ♀

Communicable and Non-communicable diseases

New Cancer Data [2019-20]:-

Incidence of Cancer → WORLD

Total Population	♂	♀
① LUNG ② Breast Ca	① LUNG ② Prostate Ca.	① Breast Ca. ② Colorectum

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Prevalence and mortality of Cancer → WORLD

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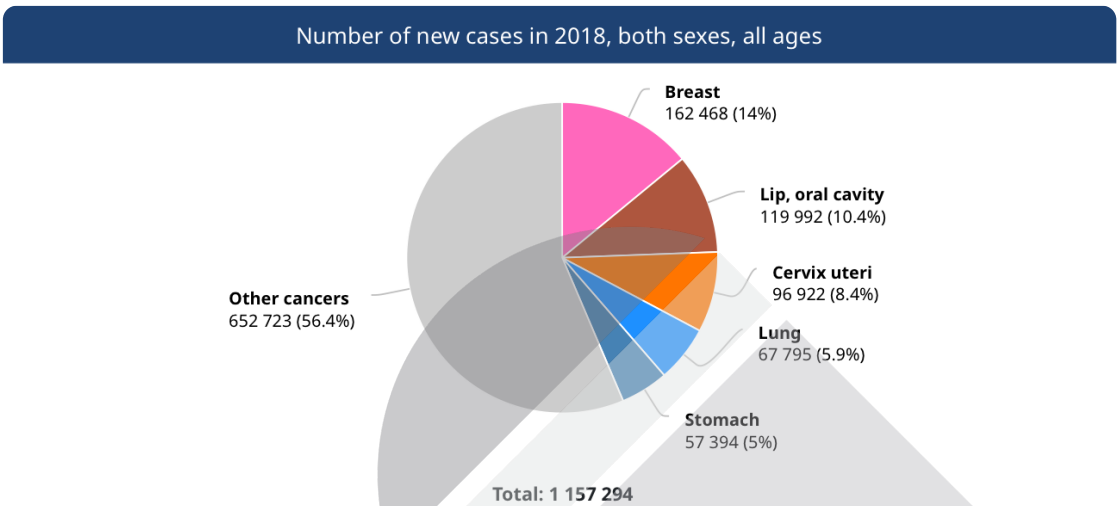
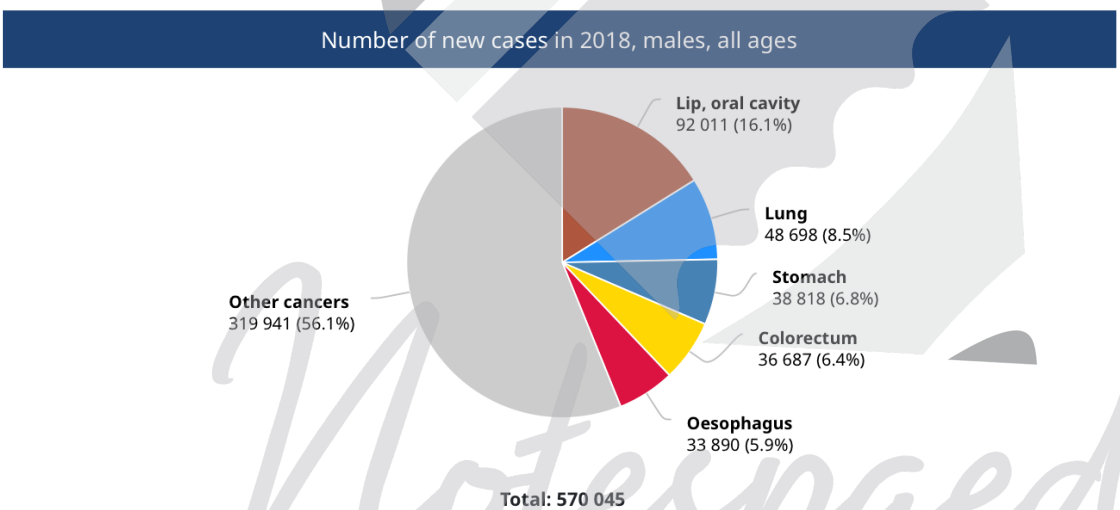
Prevalence	Mortality
① Breast	① Lung
② Prostate	② Stomach

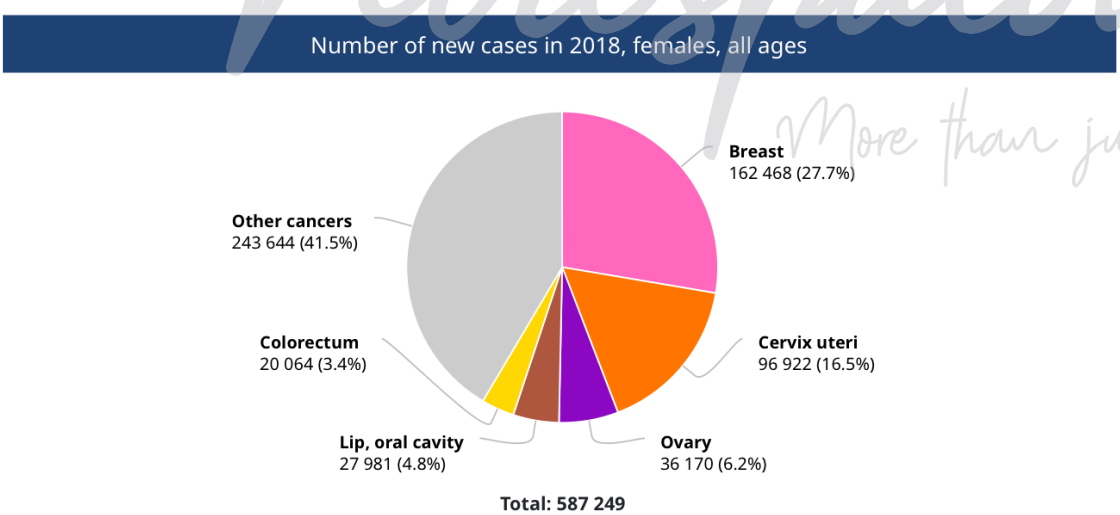
Which is most common cancer in India

♂ = Lip oral Ca. > lung > stomach

♀ = Breast Ca. > Ca Cervix > Ca. Ovary > lip oral Ca. > Colo Rectal Ca.







GLOBOCAN DATA 2018

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Prevalence and mortality of Cancer → INDIA

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Prevalence	Mortality
① Breast	① Breast
② Lip/oral cavity	② Lip/oral cavity

National Health Programs :-

New RNTCP Guidelines 2019-20 :

1) All Previously treated TB patients [Category II] to now be treated as CATEGORY I → 2(HRZE) + 4(HRE) 3 x 6months overall

- Category II pt. will still continue to be k/a previously treated TB patients.
- Their follow up will now exactly be like Category I (new TB) patients only

2) DST to be conducted atleast for Rifampicine for all prev. treated pt.

3) Donot wait for DST results for Initiation of Rx.

4) Honorarium of Prev. treated TB patients to be now same as New TB patients (Rs. 1000 instead of Rs. 1500)

5) Intensified TB Case Finding

- Provider - Initiated activity
- AIM : Early detection & Prompt Rx [EDPT] via → Active case finding
- Targets → Seeking Health care. ⇒ May/may not have signs/symptoms of TB
  - → High Risk populations.
- Screening → Community Screening ⇒ • for who had recent contact of case of TB
  - Mobile/fixed facility based screen
  - Door to Door screening
  - → Institutional Screening ⇒ Include active screening of individuals who are attending either health care.
    ⇒ Include those in shelters, old age homes, refugee camps, correctional facilities and it will also include those vulnerable individuals at work places

NEW AFP Surveillance Indicators:

* AFP = A/c flaccid paralysis

Two indicators ⇒ Gold standard for AFP surveillance quality

1) Non Polio AFP case rate ⟶ ≥ 2/1,00,000
   - GBS
   - Transverse Myelitis
   - Traumatic Neuritis

   } ≥ 3/1,00,000 ⇒ new outbreak areas

   - Done in children < 15yrs

2) AFP cases with 2 adequate stool samples ≥ 80%.

Timelines in AFP Surveillance:

1) AFP cases investigated < 48 hours
2) AFP cases with 2 adequate stool specimens
3) Specimens arriving at the laboratory in good condition
4) Specimens arriving at WHO-accredited laboratory < 3 days of being sent.
5) Specimens for which laboratory results are sent < 28 days for their receipt.

≥ 80%.

National Health Program:

1) Ayushman Bharath Program 2018-2019:

- Comes under → Ministry of Health & Family welfare, GOI
- COMPONENTS

1) HEALTH AND WELLNESS CENTRES
   - 1.5 Lac HWC's
   - Comprehensive Health Care ⟶ cover → Maternal & Child healt
     → NCD's
   - Free essential drugs & Diagnostic centre.

2) NATIONAL HEALTH PROTECTION SCHEME (AB-NHPS)
   (Prathan Mandhri Jan Arogya Yojana)

Aim: Services for create healthy, capable & content India

Goals : 1) Health & wellness centres & Comprehensive health

2) Insurance coverage to >40% population who are not able to avail the 2° and 3° level health care services.

Target population : 10.74 Cr family | 50 Crore POPULATION

Apex : MOHFW | chairperson : union minister

Benefit cover : 1) 2° & 3° level care hospitalization expenses

2) Cost 15-20% cheaper than CGHS.

3) Provided at both government & private hospitals

4) TOTAL INSURANCE COVER ⇒ 5Lac/family/yr.
- independent on family size or age of members

5) Subsume existing Rashtriya Swasthya Bima Yojana in India

6) No change for hospitilization.

7) Also include all the pre-hospitalization and past hospitalization expenses.

8) Ayushman Mitra ⇒ 1 in each empanelled hosp. which will assist pt. in hospitalization.

Hospital Eligibility : 1) ≥10 bed for Ayushman reg.

Anemia Mukht Bharat:

/I - NIPI

Main Aim :- Reduce prevalence of Anemia by 3% points /yr. in vulnerable groups for yr 2018-2022.

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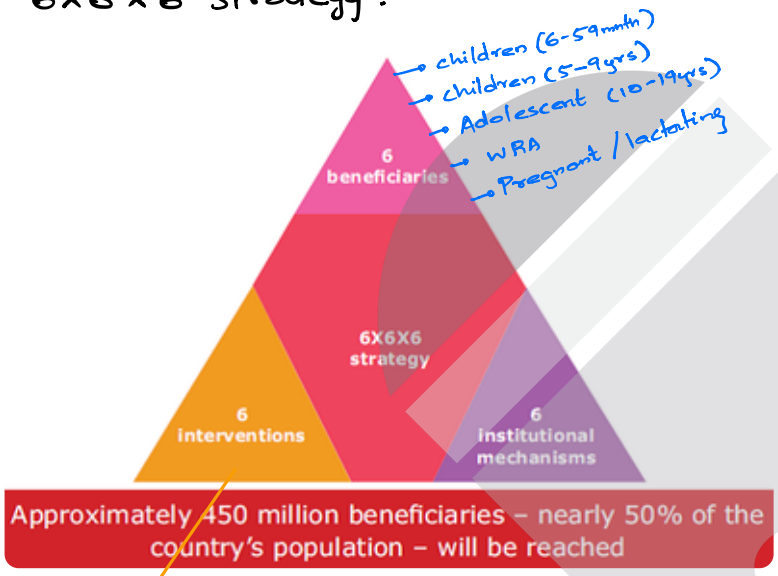
- i) 15-49yr ♀ (Reproductive age)
- ii) Children
- iii) Adolescents

Beneficiaries :-
i) children (6-59mnth)
ii) children (5-9yrs)
iii) Addescent (10-19yrs), both ♀/♂
iv) WRA (15-49yr)
v) Pregnant ♀
vi) Lactating ♀.

6x6x6 strategy :-



1) Prophylactic IFA
2) Deworming
3) Behaviour change communication campaign round the year to ensure delayed cord clamping
4) Hb estimation using digital methods at the points of care
5) Mandatory provision of IFA fortified food in National Health programmes of India
6) Addressing non nutritional causes of anemia in Endemic pockets i.e Malaria, Haemoglobinopathies and flourosis

For implementation purposes it also include **6 INSTITUTIONAL MECHANISMS**

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Prophylactic Dose / Regime IFA Supplementation :-

Age Group	Iron (mg)	Folic Acid (mcg)	Frequency	Remark.
6-59mnt Children	20	100	BIWEEKLY	BOTTLE 50ml
5-9yr Children	45	400	WEEKLY	PINK TABLET
10-19yr Adolescents	60	500	WEEKLY	BLUE TABLET
20-49yr NPNL Women	60	500	WEEKLY	RED TABLET
P,L mothers	60	500	DAILY	RED TABLET

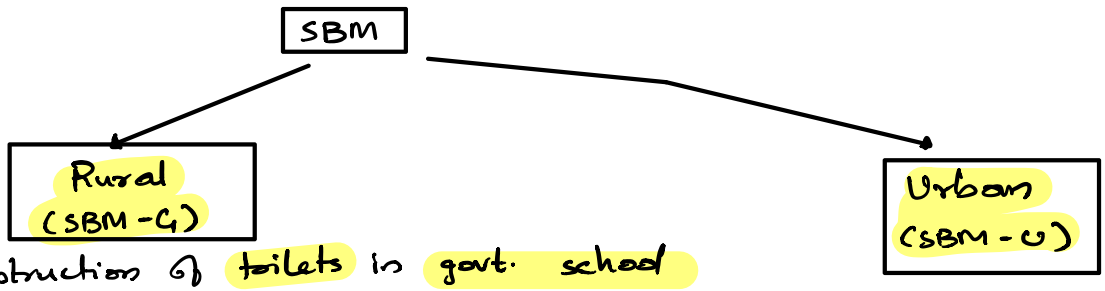
DEWORMING with Albendazole 400 mg Tablet

Age Group	Tablet	Frequency.
6-59mnt Children	½ - 1 Tablet	Biannual Mass DeW.
5-9yr Children	1 tablet	
10-19yr Adolescents	1 tablet	
20-49yr NPNL Women	1 tablet	
P,L mothers	1 tablet	Once in 2nd T.

Swach Bharath Mission :-

Description : To clean roads, streets, Infrastructure

Aim: To eradicate open defecation by the year 2019. by construction of 12 million toilets in the country



- Construction of toilets in govt. school Taken care by ministry of HRD
- Rural school sanitation → seperate Boys/Girls : Under taken by dept. of school edu.
- Construction of toilets in Anganwadi center Under taken by Ministry of child develop

SBM - U :-

- Household toilets (insanitary latrines to pour-flush latrines)
- Community vehicle
- Public toilets
- Solid waste management
- IEC and public awareness
- Capacity building

} undertaken by ministry of urban development.

National Nutrition Mission (NNM) / Poshan Abhiyaan :-

POSHAN Abhiyaan
PM's Overarching Scheme for Holistic Nourishment
सही पोषण - देश रोशन

Major Impact :- Reduction → stunting, Undernutrition, Anemia, LBW Babies

Components :- i) Incentives to Anganwadi workers
ii) Real time mapping of data
iii) Setting of nutrition resource centre
iv) Initiation of Jan Andolan

Vision : Attain malnutrition free India by yr 2022.

Target : i) Reduction of (per year)

stunting	undernutrition	Anemia	LBW
2%	2%	3%	2%

Anemia → women, children, addescent

ii) Stunting 38.4% → 25% by 2022 — Mission 25

2%

FAMILY PLANNING & CONTRACEPTION

New initiatives in family planning

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i) Home delivery of contraceptives → ASHA incentives gets Rs 1 / a pack of 3 condoms

Rs 1 / OCP pack

Rs 2 / 1 pill of emergency contraceptive

ii) Mission Parivar Vikas → Accelerate the use of awareness of family planning methods in 146 districts with High Total fertility rate.

iii) Ensuring spacing at Birth

ASHA Incentives

Rs 500 ⇒ if couple delays 1st childbirth by 2 years.

Rs 500 ⇒ if couple maintains a gap of three years b/w two successive births.

Rs 1000 ⇒ Sterilization after two live birth

Family Planning services at DH

PP IUD (post partem)
- Cu375 introduced
- Shelf life = 3yr.

iv) Newer contraceptive: i) ANTARA → DMPA (150mg I/M every 3 months)

CHHAYA → Brand name of older Saheli

CENTCHROMAN (non steroidal)
- once / a wk.
- High failure rate.

v) Fixed day static services approach

Sterilization services
- Twice /wk : DH
- wkly : SDH
- Fortnightly : CHC / Block PHC
- monthly : PHC / 24 × 7 PHC.

vi) Pregnancy testing kits → NISCHAY available with ASHA and subcenters in India.

Preventive Obstetrics & Pediatrics

New Minimum recommended Post Natal Visits

Min. 3-4 PN visits.

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Visit	Time
1st PN visit	DAY 0*
2nd PN visit	3
3rd PN visit	7
4th PN Visit	42

* Rear if home delivery / subcentre delivery

- Visits have to be taken by health worker ♀ or auxillary nurse midwife to the house ♀ delivered ♀.

MISCELLANEOUS:

Other updates:

i) **MDPI** [multi dimensional poverty Index]
- Value for India → 0.121
- Incidence poverty → 27.5%

ii) **ICD-11** {International Classification of d/s}
- contain 3 volume + 26 chapters
  - I: Tabulation list
  - II: Reference guide
  - III: Alphabetical list.
- chapter X → Traditional medicine
- chapter V → functioning assessment support.

≡ chapter 6 → Mental / Behavioral & neuro developmental
chapter 21 → signs & symptoms which are not classified elsewhere

iii) **NRC** {nutritional rehabilitation centre}

Mx of SAM (<5yr age)

Mx →
- stabilisation phase (1-2 days) ⇒ starter diet
- Transition phase (2-3 days) ⇒ Catch up diet
- Rehabilitation phase → focus on micronutrient ⇒ mainly Vit. A. Day 0, 1, 14.
  - multivitamin supplementation
  - F.A, Zin, Cu & Fe supplementation

Follow up → ensured by ASHA / AWW / NRC.

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Current Public Health Statistics

1) IMR → 34 / 1000 LB
2) MMR → 130 / 100,000 LB
3) U5 MR → 39.4 / 1000 LB → Best Indicator of social development of our country
4) NN MR → 24 / 1000 LB
5) PN MR → 23 / 1000 LB
6) SBR → 22 / 1000 LB {3/1000 Total Births}

Important d/s in India CPHS:

1) MALARIA → 1.1 m cases, 66% Plas. falci, 331 deaths
   API {Best Indicator of malarial control} = 0.85
2) LEPROSY
   - Prevalence Rate = 0.67 / 10,000
   - Annual New case detection rate (ANCDR) = 9.27 / 1,00,000
3) TB
   - Incidence TB → 211 / 100,000
   - Mortality TB → 32 / 100,00
   - Incidence MDR TB → 11 / 1,00,000
4) HIV → Prevalence = 0.22%, Highest prevalence = MIZORAM state 2% ↓ f/b MANPUR (1.43%)
5) POLIO → Zero wild case
   - Zero VDPV case
   - Total no. of AFP cases reported : 36,368 (2018)

NFHS (2015-16) {National family Health Survey}

1) TFR (Total fertility Rate) → 2.2
   2.1 (goal)
2) Institutional Deliveries → 79%
3) Underweight → 36%
4) wasting → 21%
5) Stunting → 38%